## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

0142-01169

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column	<u>ı 1)</u>	(Colu	(Column 2)		TYPE		OR	R SMALL ENTITY		
TC	OTAL CLAIMS		21		l <u></u>		-	RATE	FEE	]	RATE	FEE	
FO	)R		NUMBER	NUMBER FILED		ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGEA	BLE CLAIMS	<del></del>	nus 20= '	*			X\$ 9=	_	OR	X\$18=	(2	
INDEPENDENT CLAIMS			L	inus 3 =	* &	<i>&gt;</i>		X43=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM PF	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is l	less than ze	ero, enter '	"0" in c	olumn 2	L	TOTAL	<del> </del>	OR	TOTAL	×88	
	С	LAIMS AS A	MENDEC	) - PART	ΓII				<del></del> -	3	OTHER	THAN	
		(Column 1)		(Colum		(Column 3)	,	SMALL	,	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO NO NO NO NO NO NO NO NO NO NO NO NO N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
Ù	FIRST PHESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIIVI		<sup> </sup>	+145=		OR	+290=		
								TOTAL		\	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	าก 2)	(Column 3)	~	ADDIT. FEE			400m. r		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MO	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=	·	OR	X86=		
لــا	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		<sup>1</sup>	+145=		OR	+290=		
••								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								DDII. 1 == =	***************************************	•	10011.1		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-	175			200-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR [	+290= TOTAL		
** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR A	ADDIT. FEE		
		nber Previously Paid					r foun	id in the app	ropriate box	in colu	ımn 1.		